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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 05/19/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 16	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>AS</i> Examiner's Signature	<i>PS</i> Initials			

ADDRESS

23389

TITLE

Capsule medical apparatus and capsule medical apparatus collecting system

FILING FEE RECEIVED 1948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit